

This **Summary of Benefits** contains 2019 plan information for:

- **Geisinger Gold Preferred Advantage Rx (PPO)**
- **Geisinger Gold Preferred Enhanced Rx (PPO)**
- **Geisinger Gold Preferred Complete Rx (PPO)**

For full details of services and costs for each plan, please consult the **Evidence of Coverage** at [GeisingerGold.com](http://GeisingerGold.com) or call us for more information.

Geisinger Gold Preferred plans are PPO plans which do not require members to select a PCP or obtain referrals for covered services. Members may use out-of-network providers to obtain covered services. Prior authorization may be required for certain services.

You can also learn more about this plan in the “Medicare & You” handbook. If you don’t have a copy of this booklet, you can get it at the Medicare website ([medicare.gov](http://medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

To join a Geisinger Gold Medicare Advantage Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Pennsylvania: Adams, Berks, Blair, Bradford, Bucks, Cambria, Cameron, Carbon, Centre, Clearfield, Clinton, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, York.

### **Call us with any questions!**

From October 1 to March 31: 7 days a week from 8 a.m. to 8 p.m.

From April 1 to September 30: Monday through Friday from 8 a.m. to 8 p.m.

If you are a member, call toll-free (800) 498-9731

If you are not a member, call toll-free (800) 514-0138

TTY users should call 711

Or visit our website: [GeisingerGold.com](http://GeisingerGold.com)

Geisinger Gold has a network of doctors, hospitals, and other providers. You can see our plan’s provider and pharmacy directory at our website ([GeisingerGold.com](http://GeisingerGold.com)). Or, call us and we will send you a copy of the provider and pharmacy directories.

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In addition to the plan detailed in the enclosed Summary of Benefits, there may be other plans available to you, based on your county of residence. If you would like to discuss other plan options, or have any questions about this packet or the coverage offered by Geisinger Gold, please call (800) 514-0138, seven days a week from 8 a.m. to 8 p.m. (TDD 711) for more information.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for up to one-hundred (100) percent of drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048. You can also call 1-800-MEDICARE or visit [www.medicare.gov](http://www.medicare.gov) for more information about Medicare.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on annual contract renewal.

This information is not a complete description of benefits. Contact the plan for more information.

Out-of-network/non-contracted providers are under no obligation to treat Geisinger Gold members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

## 2019 Medical Benefits

	Preferred Advantage Rx (PPO)	Preferred Enhanced Rx (PPO)	Preferred Complete Rx (PPO)
	Unless noted, cost sharing is the same in-network or out-of-network		
Premium	See chart on page 8. You must also continue to pay your Medicare Part B premium which for most people in 2018 is \$134.00 per month and may change for 2019.	\$45	\$0 You must also continue to pay your Medicare Part B premium which for most people in 2018 is \$134.00 per month and may change for 2019.
Deductible	\$0	\$0	\$0
Out of Pocket Max	\$4,000 (combined in & out)	\$5,500 (combined in & out)	\$6,700 (combined in & out)
Inpatient Hospital - Acute	\$200/day (days 1-6) \$0/day (days 7-90)	\$225/day (days 1-6) \$0/day (days 7-90)	\$225/day (days 1-6) \$0/day (days 7-90)
Outpatient Surgery/ Services	\$225	\$275	\$350
Primary Care Physician	\$5	\$10	\$15
Specialty Care Physician	\$25	\$35	\$40
Preventive Services (Medicare approved)	\$0	\$0	\$0
Annual Routine Physical Exams	\$5	\$10	\$15
Emergency Care (Waived if Admitted)	\$90	\$90	\$90
Urgent Care (Waived if Admitted)	\$25	\$35	\$40
Outpatient All Other Diagnostic Procedures/Tests	\$15 per day	\$20 per day	\$30 per day
Outpatient Lab	\$15 per day	\$20 per day	\$30 per day
Outpatient X-Rays	\$25 per day	\$35 per day	\$40 per day
Outpatient MRI, CT, PET Scans	\$200 per day	\$265 per day	\$275 per day
Outpatient Standard Radiation Therapy	\$25 per day	\$35 per day	\$40 per day
Outpatient All Other Therapeutic Radiology	\$60 per day	\$60 per day	\$60 per day
Other Diagnostic/ General Imaging	\$200 per day	\$265 per day	\$275 per day

	Preferred Advantage Rx (PPO)	Preferred Enhanced Rx (PPO)	Preferred Complete Rx (PPO)
	Unless noted, cost sharing is the same in-network or out-of-network		
Hearing Exams-Diagnostic Only	\$25	\$35	\$40
Routine Hearing Exams	Not Covered; See Health+ Optional Benefits	\$20	Not Covered; See Health+ Optional Benefits
Hearing Aids/Fiting for Hearing Aids	Not Covered; See Health+ Optional Benefits	Not covered	Not Covered; See Health+ Optional Benefits
Dental Services (Preventive): Oral Exam with or without cleaning	Not Covered; See Health+ Optional Benefits	\$0 / 2 per year	Not Covered; See Health+ Optional Benefits
Dental Services (Preventive): Dental X-Rays	Not Covered; See Health+ Optional Benefits	\$0 / 1 per year	Not Covered; See Health+ Optional Benefits
Comprehensive Dental (Original Medicare-Covered)	\$25	\$35	\$40
Comprehensive Dental (Non-Medicare Covered)	Not Covered; See Health+ Optional Benefits	\$650 annual maximum benefit amount. Applies to preventive and comprehensive non-Medicare covered services.	Not Covered; See Health+ Optional Benefits
Vision Exam (Medical): \$0 for glaucoma screen	\$25	\$35	\$40
Vision Exam (Routine)	Not Covered; See Health+ Optional Benefits	\$20	Not Covered; See Health+ Optional Benefits
Original Medicare-Covered Eyewear (Post Cataract Surgery)	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)
Eyewear (Routine) Non-Medicare Covered	Not Covered; See Health+ Optional Benefits	\$250 benefit limit /every year	Not Covered; See Health+ Optional Benefits
Outpatient Mental Health	Individual Session: \$25 Group Session: \$10	Individual Session: \$25 Group Session: \$10	Individual Session: \$25 Group Session: \$10
Skilled Nursing Facility	\$0/day (days 1-20) \$160/day (days 21-45) \$0/day (days 46-100)	\$0/day (days 1-20) \$160/day (days 21-54) \$0/day (days 55-100)	\$0/day (days 1-20) \$160/day (days 21-62) \$0/day (days 63-100)
Occupational/Physical/Speech Therapy	\$25 per day	\$35 per day	\$40 per day
Ambulance (Waived if Admitted)	\$200	\$275	\$275

	Preferred Advantage Rx (PPO)	Preferred Enhanced Rx (PPO)	Preferred Complete Rx (PPO)
	<b>Unless noted, cost sharing is the same in-network or out-of-network</b>		
<b>Worldwide Coverage (Waived if Admitted)</b>	Urgent: \$25 Emergency: \$90 Transportation: \$200 Total Annual Benefit Limit: \$100,000	Urgent: \$35 Emergency: \$90 Transportation: \$275 Total Annual Benefit Limit: \$100,000	Urgent: \$40 Emergency: \$90 Transportation: \$275 Total Annual Benefit Limit: \$100,000
<b>Transportation</b>	Not covered	Not covered	Not covered
<b>Part B Drugs</b>	20%	20%	20%
<b>Medicare Part D Prescription Drug Coverage</b>	Included	Included	Included
<b>Home Health Services</b>	\$0	\$0	\$0
<b>Chiropractic Services</b>	\$20	\$20	\$20
<b>Podiatry</b>	\$25	\$35	\$40
<b>Cardiac/Pulmonary Rehab</b>	\$0	\$0	\$0
<b>Durable Medical Equipment (DME)</b>	20%	20%	20%
<b>Prosthetics and Related Supplies</b>	20%	20%	20%
<b>Diabetic Supplies</b>	Preferred Brand Glucometer - \$0 (one every two years) Preferred Brand Supplies (test strips, lancets, and lancet devices) - 20% Non-Preferred Glucometers and Supplies - 20%	Preferred Brand Glucometer - \$0 (one every two years) Preferred Brand Supplies (test strips, lancets, and lancet devices) - 20% Non-Preferred Glucometers and Supplies - 20%	Preferred Brand Glucometer - \$0 (one every two years) Preferred Brand Supplies (test strips, lancets, and lancet devices) - 20% Non-Preferred Glucometers and Supplies - 20%
<b>Diabetic Supplies - Therapeutic Shoes or Inserts</b>	20%	20%	20%
<b>Nursing Hotline</b>	\$0	\$0	\$0
<b>Geisinger Gold Health+ Optional Benefits</b>	Coverage for preventive dental, routine vision and hearing care, and fitness center benefits. See page 17 for details on this valuable benefits package.	N/A	Coverage for preventive dental, routine vision and hearing care, and fitness center benefits. See page 17 for details on this valuable benefits package.

## 2019 Prescription Drug Coverage

Annual Deductible	\$0		
<p><b>Initial Coverage</b></p> <p>(Until total yearly drug costs reach \$3,820)</p>	<p>30-day retail copay:</p> <ul style="list-style-type: none"> <li>• Tier 1 - \$3</li> <li>• Tier 2 - \$20</li> <li>• Tier 3 - \$47</li> <li>• Tier 4 - \$100</li> <li>• Tier 5 - 33%</li> </ul>	<p>90-day retail copay:</p> <ul style="list-style-type: none"> <li>• Tier 1 - \$7.50</li> <li>• Tier 2 - \$50</li> <li>• Tier 3 - \$117.50</li> <li>• Tier 4 - \$250</li> <li>• Tier 5 – Not available</li> </ul>	<p>90-day mail order copay:</p> <ul style="list-style-type: none"> <li>• Tier 1 - \$4.50</li> <li>• Tier 2 - \$30</li> <li>• Tier 3 - \$70.50</li> <li>• Tier 4 - \$150</li> <li>• Tier 5 – Not available</li> </ul>
<p><b>Coverage Gap</b></p> <p>(After total yearly drug costs reach \$3,820, but before member out-of-pocket reaches \$5,100)</p>	<p>Member pays:</p> <ul style="list-style-type: none"> <li>• \$3 copay for Tier 1</li> <li>• 37% of costs for Tier 2</li> <li>• 25% of costs for Tier 3 &amp; above</li> </ul>		
<p><b>Catastrophic Coverage</b></p> <p>(After \$5,100 is paid out-of-pocket)</p>	<p>Member pays the greater of:</p> <ul style="list-style-type: none"> <li>• 5% coinsurance; <b>or</b></li> <li>• \$3.40 copay for generics</li> <li>• \$8.50 copay for brands</li> </ul>		

## Geisinger Gold Health+

Geisinger Gold Health+ is an optional supplemental benefits package available for purchase by members enrolled in:

- Preferred Advantage Rx
- Preferred Complete Rx

Premium	\$38 per month
<b>Dental</b>	<ul style="list-style-type: none"><li>• \$500 max benefit per year that includes:<ul style="list-style-type: none"><li>– 2 routine exams per year (with or without cleaning)</li><li>– 1 set of x-rays per year (bitewing or panoramic)</li><li>– Simple fillings, simple extractions, and dentures</li><li>– See any provider who is approved by Medicare</li></ul></li></ul>
<b>Vision</b>	<ul style="list-style-type: none"><li>• \$20 copay</li><li>• 1 routine exam per year</li><li>• \$100 hardware allowance per year (contacts, glasses, lenses, frames)</li><li>• See any provider who is approved by Medicare</li></ul>
<b>Hearing</b>	<ul style="list-style-type: none"><li>• \$20 copay</li><li>• 1 routine exam per year</li><li>• \$500 hearing aid &amp; fitting allowance per year</li><li>• See any provider who is approved by Medicare</li></ul>
<b>Fitness</b>	<ul style="list-style-type: none"><li>• \$90 allowance per quarter for fitness center membership fees and exercise classes</li></ul>

2019 Premiums by County	Preferred Advantage Rx (PPO)
Adams	\$87
Berks	\$87
Blair	\$112
Bradford	\$112
Bucks	\$87
Cambria	\$112
Cameron	\$112
Carbon	\$87
Centre	\$112
Clearfield	\$112
Clinton	\$112
Columbia	\$117
Cumberland	\$87
Dauphin	\$87
Franklin	\$112
Fulton	\$112
Huntingdon	\$112
Jefferson	\$112
Juniata	\$112
Lackawanna	\$112
Lancaster	\$87
Lebanon	\$87
Lehigh	\$87
Luzerne	\$117
Lycoming	\$112
Mifflin	\$112
Monroe	\$87
Montour	\$117
Northampton	\$87
Northumberland	\$117
Perry	\$87
Pike	\$112
Potter	\$112
Schuylkill	\$117
Snyder	\$117
Somerset	\$112
Sullivan	\$112
Susquehanna	\$112
Tioga	\$112
Union	\$117
Wayne	\$112
Wyoming	\$112
York	\$87



Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at (800) 514-0138.

## Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [GeisingerGold.com](http://GeisingerGold.com) or call (800) 514-0138 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1 each year.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.